

## GUIDE TO ALCOHOL LICENSES

Pursuant to MGL c138, a license must be obtained before distributing or selling alcoholic beverages in Somerville. Licensure is valid for up to one year, from the date of the license through the following December 31 only. The nonrefundable Application fee is \$200. License fees are as follows:

New or Transferring All-Forms Alcohol License	\$5,000
Renewing All Forms Alcohol Educational Institution License	\$3,200
Renewing All Forms Alcohol Restaurant License	\$3,200
Renewing All Forms Alcohol Package Goods License	\$3,200
Renewing All Forms Alcohol Club License	\$1,600
New or Transferring Wine and Malt Restaurant License	\$2,000
Renewing Wine and Malt Restaurant License	\$2,000
New or Transferring Wine and Malt Package Goods License	\$4,000
Renewing Wine and Malt Package Goods License	\$2,500
All Other Alcohol Transactions in this Guide	\$ 0

### REQUIRED LICENSES:

- This application package is valid for all types of alcohol license transactions. *In addition, you must also complete the ABCC's forms on-line; they are available at [www.mass.gov/abcc](http://www.mass.gov/abcc).*
- If you also want to offer on-premises dining, you must complete a Common Victualer application, available separately.
- If you also want to offer lodging, you must complete an Innholder application, available separately.
- If you also want to offer entertainment (performers, entertainers, dancing, films, TVs, DJs, etc.) you must complete an Entertainment application, available separately.

### FEES:

- The nonrefundable application fee is \$200, and is due with the application. In addition, the license fee indicated above is due at issuance.
- Also due with the application, a check for \$200, made payable to the Commonwealth of Massachusetts Alcoholic Beverages Control Commission (ABCC).
- The applicant is required to pay the cost of any legal notices placed by the city.
- If the application is approved by the ABCC, the applicant must pay the license fee, and any other amounts owed the city, before the Licensing Commission will issue the license.

### APPLICATION PROCESS:

- The applicant submits an application to Licensing Commission staff, located in the City Clerk's Office, 93 Highland Avenue, Somerville, 617 625-6600 x4108, fax 617 625-4239. The application must include all forms required by the state, all forms required by the city, and all sign-offs of city officials. City forms are available at the City Clerk's Office, and on the city's website (<http://www.somervillema.gov/FormsLibrary.cfm?orgunit=LICENSE>). State forms are only available at [www.mass.gov/abcc](http://www.mass.gov/abcc). **Note that the State Forms must be filled out online, and then printed.**

- If a public hearing is necessary, the applicant notifies the community of the public hearing, through legal notices in a newspaper, notices mailed to abutters, notices mailed to nearby schools and churches, and a notice posted on the premises. Licensing Commission staff will guide you through this.
- The Licensing Commission conducts the public hearing if needed. Anyone, including the applicant, may testify. Whether or not a public hearing is required, the applicant must appear before the Commission. The Commission then approves or denies the application.
- If the Licensing Commission approves the application, the city forwards it to the ABCC.
- If the ABCC approves the application, the applicant pays the license fee to the city, obtains all other municipal approvals (i.e. building code, health inspection, fire inspection, treasury, etc.), then receives the license.

#### **TIMELINE:**

- The Licensing Commission may take 4 to 10 weeks to make its decision.
- The ABCC may take 4 to 12 weeks to make its decision.
- The city may take 1 to 4 weeks to issue the license, depending on the subsequent municipal approvals that are required.

#### **GENERAL INSTRUCTIONS:**

1. Each TRANSACTION listed on the pages that follow requires certain State forms, City Forms, and other materials.
2. For the “Licensing Commission Application Cover” form, three sign-offs are needed for the following transactions: New License, Transfer of License, Change of Location, and Alteration of Premises. Proceed to each of these Departments to obtain the sign-offs:
 

A. Fire Prevention Bureau: 617 623-1700 x8400	Monday – Friday, 8:00 – 10:00 AM, 3:00 – 5:00 PM Franey Road (DPW bldg. by Trum Field on Broadway)
B. Inspectional Services Division: 617 625-6600 x5600	Monday – Friday, 8:00 AM – 4:00 PM Franey Road (DPW bldg. by Trum Field on Broadway)
C. Health Inspector: 617 625-6600 x4331	Monday – Friday, 8:00 – 9:00 AM, 3:00 – 4:00 PM Franey Road (DPW bldg. by Trum Field on Broadway)
3. Contact the Ward Alderman and any neighborhood groups to discuss the application and any questions or concerns for the following transactions: New License, Transfer of License, Change of Location, Alteration of Premises, and Cordials and Liqueurs.
4. Upon filing the application, post on the premises the enclosed “Public Notice of Application” for the following transactions: New License, Transfer of License, Change of Location, Change of Hours, and Transfer or Issuance of Stock (for at least a majority of shares). Post the Notice in a place clearly visible to the public from outside of the premises, and keep it posted, including replacing it as needed, until the licensing commission approves or denies the application, or it is withdrawn, whichever occurs first.
5. For the “Certificate of Good Standing” form, proceed to the Treasury to confirm that all taxes and fees have been paid and obtain a sign-off:
 

Treasury: 93 Highland Avenue (City Hall) 617 625-6600 x3500	Monday–Wednesday, 8:30 AM – 4:00 PM Thursday, 8:30 AM – 7:00 PM Friday, 8:30 AM – 12:00 PM
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**NEW LICENSE requires the following:**

1. Licensing Commission Application Cover, application fee and \$200 check payable to ABCC.
2. All Required State Forms.
3. CORI Request Form for each new owner/manager. All owners and managers must be United States citizens, and must be at least 21 years of age. Proof of citizenship must be provided.
4. If a partnership, applicant's written partnership agreement.
5. If a corporation, applicant's Articles of Organization as filed with the Massachusetts Secretary of State (must contain the Seal of the Secretary of State).
6. If a corporation, Vote of the Board of Directors authorizing the application and manager.
7. A copy of the blue prints or a floor plan (drawn to scale) of the proposed premises.
8. Purchase and Sale documents for the premises, equipment, furniture, etc., or Lease documents for the legal right to the premises, equipment, furniture, etc.
9. Documents verifying sources of financing (i.e. 3 months of bank statements, loan documents, stock sales, notarized statement of funding, etc.).
10. REAP Attestation.
11. Certificate of Good Standing.
12. Workers Compensation Insurance Affidavit.
13. Menu (the proposed menu, with pricing).
14. Certification of Posting of Public Notice within 5 days of filing this application, certifying that the Public Notice of Application has been posted at the premises, and will be maintained.
15. Be prepared for an Affidavit of Notice of Mailing to Abutters and Others, including a legal notice in a local newspaper for 3 weeks, abutters notified by Certified Mail, and schools, churches or hospitals located within 500 feet of the premises notified by registered mail.

**TRANSFER OF LICENSE requires the following:**

1. Licensing Commission Application Cover, application fee and \$200 check payable to ABCC.
2. All Required State Forms.
3. CORI Request Form for each new owner/manager. All owners and managers must be United States citizens, and must be at least 21 years of age. Proof of citizenship must be provided.
4. If a partnership, applicant's written partnership agreement.
5. If a corporation, applicant's Articles of Organization as filed with the Massachusetts Secretary of State (must contain the Seal of the Secretary of State).
6. If a corporation, Vote of the Board of Directors authorizing the application and manager.
7. A copy of the blue prints or a floor plan (drawn to scale) of the proposed premises.
8. Purchase and Sale documents for the premises, equipment, furniture, etc., or Lease documents for the legal right to the premises, equipment, furniture, etc.
9. Documents verifying sources of financing (i.e. 3 months of bank statements, loan documents, stock sales, notarized statement of funding, etc.).
10. REAP Attestation.
11. Certificate of Good Standing.
12. Workers Compensation Insurance Affidavit.
13. Menu (the proposed menu, with pricing).
14. Certification of Posting of Public Notice within 5 days of filing this application, certifying that the Public Notice of Application has been posted at the premises, and will be maintained.
15. Be prepared for a legal notice in a local newspaper.

**TRANSFER OR ISSUANCE OF STOCK requires the following:**

1. Licensing Commission Application Cover, application fee and \$200 check payable to ABCC.
2. All Required State Forms.
3. CORI Request Form for each new owner. All owners must be United States citizens, and must be at least 21 years of age. Proof of citizenship must be provided.
4. Certificate of Change for the new officers or directors. (Form CD-53 from Corporation Division of Secretary of State.
5. Vote of the Board of Directors authorizing the change.
6. REAP Attestation.
7. Certificate of Good Standing.
8. Workers Compensation Insurance Affidavit.
9. Certification of Posting of Public Notice within 5 days of filing this application, certifying that the Public Notice of Application has been posted at the premises, and will be maintained.
10. Be prepared for a legal notice in a local newspaper.

**NEW OFFICERS OR DIRECTORS requires the following:**

1. Licensing Commission Application Cover, application fee and \$200 check payable to ABCC.
2. All Required State Forms.
3. CORI Request Form for each new officer or director. All officers or directors must be United States citizens, and must be at least 21 years of age. Proof of citizenship must be provided.
4. Certificate of Change for the new officers or directors. (Form CD-53 from Corporation Division of Secretary of State.
5. Vote of the Board of Directors authorizing the change.
6. REAP Attestation.
7. Certificate of Good Standing.
8. Workers Compensation Insurance Affidavit.

**NEW STOCKHOLDERS requires the following:**

1. Licensing Commission Application Cover, application fee and \$200 check payable to ABCC.
2. All Required State Forms.
3. Vote of the Board of Directors authorizing the change.
4. REAP Attestation.
5. Certificate of Good Standing.
6. Workers Compensation Insurance Affidavit.
7. Be prepared for a legal notice in a local newspaper.

**CHANGE OF LOCATION requires the following:**

1. Licensing Commission Application Cover, application fee and \$200 check payable to ABCC.
2. All Required State Forms.
3. If a corporation, Vote of the Board of Directors authorizing the change.
4. A copy of the blue prints or a floor plan (drawn to scale) of the proposed premises.
5. Purchase and Sale documents for the premises, equipment, furniture, etc., or Lease documents for the legal right to the premises, equipment, furniture, etc.
6. REAP Attestation.
7. Certificate of Good Standing.
8. Workers Compensation Insurance Affidavit.

9. Certification of Posting of Public Notice within 5 days of filing this application, certifying that the Public Notice of Application has been posted at the premises, and will be maintained.
10. Be prepared for an Affidavit of Notice of Mailing to Abutters and Others, including a legal notice in a local newspaper for 3 weeks, abutters notified by Certified Mail, and schools, churches or hospitals located within 500 feet of the premises notified by registered mail.

**ALTERATION OF PREMISES requires the following:**

Alteration means any change in the size, character, or entrances/exits of the premises, including outdoor seating.

1. Licensing Commission Application Cover, application fee and \$200 check payable to ABCC.
2. All Required State Forms.
3. If a corporation, Vote of the Board of Directors authorizing the change.
4. A copy of the blue prints or a floor plan (drawn to scale) of the proposed premises.
5. REAP Attestation.
6. Certificate of Good Standing.
7. Workers Compensation Insurance Affidavit.
8. Be prepared for an Affidavit of Notice of Mailing to Abutters and Others, including a legal notice in a local newspaper for 3 weeks, abutters notified by Certified Mail, and schools, churches or hospitals located within 500 feet of the premises notified by registered mail.

**PLEDGE OF LICENSE OR STOCK requires the following:**

1. Licensing Commission Application Cover, application fee and \$200 check payable to ABCC.
2. All Required State Forms.
3. If a corporation, Vote of the Board of Directors authorizing the pledge.
4. Copy of loan documents (promissory note).
5. Copy of Pledge Agreement.
6. REAP Attestation.
7. Certificate of Good Standing.
8. Workers Compensation Insurance Affidavit.

**CHANGE OF CORPORATION NAME requires the following:**

A change of corporation name occurs when a corporation holding a license, e.g., "ABC Inc.", without changing any stockholder(s), director(s), officer(s) or license manager, votes to switch its name from "ABC Inc." to "XYZ Corporation." Selling or transferring a license from "ABC Inc." to "XYZ Corporation" that does change any stockholder(s), director(s), officer(s) or license manager is a transfer of license application, NOT a change of corporation name.

1. Licensing Commission Application Cover, application fee and \$200 check payable to ABCC.
2. All Required State Forms.
3. Applicant's Amended Articles of Organization as filed with the Massachusetts Secretary of State (must contain the Seal of the Secretary of State).
4. Vote of the Board of Directors authorizing the change.
5. REAP Attestation.
6. Certificate of Good Standing.
7. Workers Compensation Insurance Affidavit.

**CHANGE OF DBA (doing business as) NAME requires the following:**

1. Licensing Commission Application Cover, and application fee. There is no ABCC filing fee.
2. All Required State Forms.
3. Copy of the Business Certificate filed with the City Clerk.
4. If a corporation, Vote of the Board of Directors authorizing the change.
5. REAP Attestation.
6. Certificate of Good Standing.
7. Workers Compensation Insurance Affidavit.

**CHANGE OF MANAGER requires the following:**

1. Licensing Commission Application Cover, application fee and \$200 check payable to ABCC.
2. All Required State Forms.
3. CORI Request Form for each new manager. All managers must be United States citizens, and must be at least 21 years of age. Proof of citizenship must be provided.
4. If a corporation, Vote of the Board of Directors appointing a manager.
5. REAP Attestation.
6. Certificate of Good Standing.
7. Workers Compensation Insurance Affidavit.

**CHANGE OF HOURS requires the following:**

1. Licensing Commission Application Cover, and application fee. There is no ABCC filing fee.
2. All Required State Forms.
3. If a corporation, Vote of the Board of Directors authorizing the change.
4. If the applicant seeks to extend hours to 2 AM, the 2 AM Closing Application.
5. REAP Attestation.
6. Certificate of Good Standing.
7. Workers Compensation Insurance Affidavit.
8. Certification of Posting of Public Notice within 5 days of filing this application, certifying that the Public Notice of Application has been posted at the premises, and will be maintained.

**CHANGE OF LICENSE TYPE requires the following:**

This transaction is changing a section 12 license from one type to another.

1. Licensing Commission Application Cover, application fee and \$200 check payable to ABCC.
2. All Required State Forms.
3. If a corporation, Vote of the Board of Directors authorizing the change.
4. REAP Attestation.
5. Certificate of Good Standing.
6. Workers Compensation Insurance Affidavit.
7. Be prepared for a legal notice in a local newspaper.

**CORDIALS AND LIQUEURS requires the following:**

1. Licensing Commission Application Cover, application fee and \$200 check payable to ABCC.
2. All Required State Forms.
3. If a corporation, Vote of the Board of Directors authorizing the change.
4. REAP Attestation.
5. Certificate of Good Standing.

6. Workers Compensation Insurance Affidavit.
7. Be prepared for an Affidavit of Notice of Mailing to Abutters and Others, including a legal notice in a local newspaper for 3 weeks, abutters notified by Certified Mail, and schools, churches or hospitals located within 500 feet of the premises notified by registered mail.

## LICENSING COMMISSION APPLICATION COVER

Application Fee \$200 License Fee \_\_\_\_\_

Date \_\_\_\_\_

FOR LICENSING COMMISSION ONLY

Date Recorded \_\_\_\_\_

Amount Paid \_\_\_\_\_

Check off all applications attached:

New Alcohol License Applications Attached

☐ All Forms Educational Institution\*

☐ All Forms Restaurant\*

☐ All Forms Packaged Goods\*

☐ All Forms Club\*

☐ Wine and Malt Restaurant\*

☐ Wine and Malt Packaged Goods\*

Other License Transactions Attached

☐ Transfer of License\*

☐ Transfer or Issuance of Stock

☐ New Officers or Directors

☐ New Stockholders

☐ Change of Location\*

☐ Alteration of Premises\*

☐ Pledge of License or Stock

☐ Change of Corporate Name

☐ Change of DBA Name

☐ Change of Manager

☐ Change of Hours

☐ Change of License Type

☐ Cordials and Liqueurs

Other New License Applications Attached

☐ Common Victualler (*required for restaurants*)

☐ Innholder (*required for hotels or inns*)

☐ Entertainment (*required for entertainment by performers, patrons, or devices*)

Business (DBA) Name: \_\_\_\_\_

Business Location (with Zip Code): \_\_\_\_\_

Applicant's Legal Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant's Address (with Zip Code): \_\_\_\_\_

Applicant's Email Address: \_\_\_\_\_

Applicant's Federal Employer Identification Number: \_\_\_\_\_

Mailing Name (where we should send correspondence to): \_\_\_\_\_

Mailing Address (with Zip Code): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_



*\*For new license, transfer of license, change of location, and alteration of premises applications, obtain the signatures below before submitting the application to the Licensing Commission:*

__Preliminary Meeting    Date _____ _____ Fire Prevention Deputy Chief or Designee	__Preliminary Meeting    Date _____ _____ Inspectional Services Sup't or designee
__Preliminary Meeting    Date _____ _____ Health Inspector or Designee	

### **ACKNOWLEDGEMENT**

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_



## City of Somerville, Massachusetts Licensing Commission

### CORI REQUEST FORM

**GSOMLL**

The Somerville Licensing Commission has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As a prospective license holder or manager, I understand that a criminal record check will be conducted for conviction and pending criminal case information only. The information below is correct to the best of my knowledge.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

### APPLICANT INFORMATION (PLEASE PRINT)

\_\_\_\_\_  
Last Name First Name Middle Name

\_\_\_\_\_  
Maiden Name (if applicable) Alias Mother's Maiden Name

\_\_\_\_\_  
Date of Birth Social Security Number ID Theft Index PIN (if applicable)\*

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
Prior Address

\_\_\_\_\_  
Sex (M/F) Height (ft. and in.) Weight Eye Color

\_\_\_\_\_  
Driver's License Number State in which issued

### LICENSING COMMISSION VERIFICATION

Identity was verified with the following form of identification \_\_\_\_\_

CORI Authorized Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

\*The CHSB Identity Theft Index PIN Number should be completed if the applicant has been issued such a number by CHSB.

**All CORI request forms that include this field must be submitted to the CHSB via mail or fax to 617 660-4614.**

## VOTE OF THE BOARD OF DIRECTORS

I, \_\_\_\_\_, Clerk of \_\_\_\_\_  
Name of Clerk or Secretary      Name of Corporation

hereby certify that, at a meeting of the Board of Directors of said Corporation duly held on the \_\_\_\_\_ day of \_\_\_\_\_, Year \_\_\_\_\_, at which a quorum was present and voting throughout, the following vote was duly passed and is now in full force and effect:

### COMPLETE TO AUTHORIZE AN APPLICATION:

VOTED: That \_\_\_\_\_ is hereby authorized, on behalf of this  
Name of Officer authorized to sign  
Corporation, to apply to the Somerville Licensing Commission for a \_\_\_\_\_  
Type of License  
license, at the premises located at \_\_\_\_\_, and to execute any  
Address of business  
papers, and do all things required relative to the granting and operation of this license.

### COMPLETE TO APPOINT A MANAGER:

VOTED: That \_\_\_\_\_, living at \_\_\_\_\_  
Name of Manager      Address of Manager  
\_\_\_\_\_, is hereby appointed the Manager of \_\_\_\_\_,  
Name of business  
located at \_\_\_\_\_, with as full authority and control of the premises  
Address of business  
described in the application or license and of the conduct of all business therein relative to alcoholic beverages as the licensee itself could have and exercise if it were a natural person resident in Massachusetts, and that this vote shall constitute the written authority required by MGL c138 s26.

### COMPLETE TO AUTHORIZE A CHANGE:

VOTED: That \_\_\_\_\_ is hereby authorized, on behalf of this  
Name of Officer authorized to sign  
Corporation, to apply to the Somerville Licensing Commission for a \_\_\_\_\_  
Describe change  
\_\_\_\_\_, at the premises located at \_\_\_\_\_,  
Address of business  
and to execute any papers, and do all things required relative to the change in this license.

I further certify that a majority of the directors of said Corporation \_\_\_\_are \_\_\_\_are not residents of Massachusetts and \_\_\_\_are \_\_\_\_are not citizens of the United States.

AFFIX CORPORATE SEAL HERE

Signed \_\_\_\_\_  
Clerk or Secretary

Date \_\_\_\_\_

## AFFIDAVIT OF NOTICE OF MAILING TO ABUTTERS AND OTHERS

To the Somerville Licensing Commission:

I, \_\_\_\_\_, of \_\_\_\_\_,  
Name Name of business  
located/proposed to be located at \_\_\_\_\_, hereby certify that  
Address of business  
the following is a true list of the persons shown upon the Assessor's most recent valuation list as  
the owners of the property abutting the location above for an alcoholic beverages license:

I further certify that the following schools, churches or hospitals are located within 500 feet of  
the location above. If there are none, state "none":

I further certify that the notice of this application concerning an alcoholic beverages license was  
given to the above by mailing to each of them within three days after publication of same, a copy  
of the advertisement attached below. Also attached are registered receipts/return registered  
receipts bearing signatures of persons receiving said notice.

Signed \_\_\_\_\_ Date \_\_\_\_\_

ATTACH ADVERTISEMENT  
AND RECEIPTS HERE

### NOTARIZATION

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public,  
personally appeared \_\_\_\_\_ (name of document signer), proved to me  
through satisfactory evidence of identification, which were \_\_\_\_\_, to be  
the person whose name is signed on this document, and acknowledged to me that (he) (she)  
signed it voluntarily for its stated purpose.

Notary Public \_\_\_\_\_

My Commission Expires \_\_\_\_\_



**City of Somerville, Massachusetts  
Licensing Commission**

**CERTIFICATION OF POSTING OF PUBLIC NOTICE**

**INSTRUCTIONS: FILE THIS FORM WITH THE SOMERVILLE LICENSING COMMISSION WITHIN FIVE (5) DAYS AFTER THE DATE OF FILING OF YOUR APPLICATION WITH THE SOMERVILLE LICENSING COMMISSION.**

**THIS FORM REQUIRES THAT NOTICE HAS BEEN POSTED ON THE PREMISES.**

I, the undersigned, do hereby certify all of the following:

1. In accordance with Somerville Licensing Commission Rules and Regulations, I have posted a properly completed Public Notice of Application (Notice) at the location of the subject premises in a place clearly visible to members of the public from the outside of the premises

ON THE FOLLOWING DATE:\_\_\_\_\_.

**(Insert Date Here)**

2. I will, at my own expense, keep said Notice posted in a conspicuous place viewable to members of the public from the outside of the subject premises, including replacing the posting whenever found missing or damaged, through the time upon which the Licensing Commission approves or denies the application, or it is withdrawn by the applicant, whichever occurs first.

CERTIFIED BY:

Sign:\_\_\_\_\_ Date:\_\_\_\_\_

Print Name and Title:\_\_\_\_\_

Name of Applicant:\_\_\_\_\_

Address of Premises:\_\_\_\_\_



City of Somerville, Massachusetts  
Licensing Commission

# PUBLIC NOTICE OF APPLICATION

APPLICANT: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

LICENSE TYPE: ☐ SEC. 12 (ON-PREMISES) ☐ SEC. 15 (OFF-PREMISES)  
☐ ALL-ALCOHOL ☐ WINE AND MALT  
☐ OTHER:

ADDRESS OF PREMISES: \_\_\_\_\_, SOMERVILLE, MA

APPLICANT HAS FILED FOR:

☐ NEW LICENSE ☐ TRANSFER OF LICENSE  
☐ CHANGE OF HOURS ☐ ISSUANCE OR TRANSFER OF STOCK  
☐ 2:00 AM CLOSING LICENSE ☐ CHANGE OF LOCATION

FOR FURTHER INFORMATION REGARDING THIS APPLICATION, PLEASE CONTACT:  
SOMERVILLE LICENSING COMMISSION, 93 HIGHLAND AVENUE, SOMERVILLE, 02143.

TELEPHONE: (617) 625-6600 X4108.

TO APPLICANT: INSERT DATE POSTED AT SUBJECT PREMISES HERE \_\_\_\_\_

**MASSACHUSETTS DEPARTMENT OF REVENUE  
REVENUE ENFORCEMENT AND PROTECTION (REAP)  
ATTESTATION**

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

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\*Signature of Individual or Corporate Name (Mandatory)

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By: Corporate Officer (Mandatory if a corporation)

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\*\*Social Security Number (Optional) or Federal Identification Number (Mandatory if a corporation)

\* This license will not be issued unless this certification clause is signed by the applicant.

\*\* Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: \_\_\_\_\_

Address of taxpayer/applicant's business in Somerville: \_\_\_\_\_

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: \_\_\_\_\_ evening: \_\_\_\_\_

I, (print name), the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

**SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY**, this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_.

(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

**DATE OF ISSUANCE:** \_\_\_\_\_ **INCLUDES RELEVANT POSTINGS THROUGH:** \_\_\_\_\_

**TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:**

☐ Real Estate      ☐ Water/Sewer      ☐ Personal Property      ☐ Other: \_\_\_\_\_

# \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_

**NOTES:**

**CLERK'S INITIALS:** \_\_\_\_\_

**ORIGINAL STAMP:**



***The Commonwealth of Massachusetts  
Department of Industrial Accidents  
Office of Investigations  
600 Washington Street  
Boston, Mass. 02111***

**Workers' Compensation Insurance Affidavit - General Businesses**

**Applicant information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

- |   |   |
|---|---|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time).<br><input type="checkbox"/> I am a sole proprietor or partnership and have no employees.<br><input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.<br><input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees. | <b>Business Type:</b> <input type="checkbox"/> Retail<br><input type="checkbox"/> Restaurant/Bar/Eating Establishment<br><input type="checkbox"/> Office and/or Sales (real estate, auto, etc.)<br><input type="checkbox"/> Nonprofit<br><input type="checkbox"/> Entertainment<br><input type="checkbox"/> Manufacturing<br><input type="checkbox"/> Health Care<br><input type="checkbox"/> Other _____ |
|---|---|

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Applicant certification:**

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

***Official use only. Do not write in this area. To be completed by city or town official.***

**City or Town:** \_\_\_\_\_ **Permit/License #:** \_\_\_\_\_

<b>Contact Person:</b> _____ <b>Phone #:</b> _____	<input type="checkbox"/> <b>Board of Health</b> <input type="checkbox"/> <b>Building Department</b> <input type="checkbox"/> <b>City/Town Clerk</b> <input type="checkbox"/> <b>Licensing Board</b> <input type="checkbox"/> <b>Selectmen's Office</b> <input type="checkbox"/> <b>Other</b> _____
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